



APPLICATION FOR SPONSORSHIP OF HOME STUDY CONTINUING EDUCATION

INSTRUCTIONS

A licensee or continuing education provider seeking sponsorship for home study (i.e. book, audio, video, internet, or teleconference) shall send appropriate information to ALAPTA evaluation. The information should include:

1. Full course description including an outline of the topics and subtopics,
2. Copy of all instructional materials (CD, weblink, or manual),
3. Methods of instruction to be used,
4. Post Test
5. Curriculum vitae/bio for each speaker; include professional licenses and numbers, academic degrees, educational institutions attended and credentials to teach course, relevant clinical experience or experience relevant to teaching course material. (A summary of this information, i.e., course brochure, is acceptable.)
6. Number of hours of credit sought (contact hours), and
7. Any other information relevant to the evaluation of the proposed course (online references, booklets, handouts).
8. If you are a licensee seeking sponsorship, please include a copy of your certificate of completion) **An outline of this material will not be sufficient for review.
9. Brochures or promotional material advertising for purchase or rental audio/video tapes must specify the original date of taping.

Receipt of the materials electronically is the preference of ALAPTA.

Sponsorship by ALAPTA ensures the course meets the standards for continuing education set forth by the AL Board of Physical Therapy in the AL Practice Act (ABPT Administrative Code, Chapter 700-X-2, Section 700-X-2-.01 Appropriate Education Required). Please review this document located at <http://www.pt.alabama.gov/adminCode.htm> before submitting the application. Any program content submitted will be reviewed by the ALAPTA Home Study Committee for sponsorship and has sole discretion to approve all continuing education units acceptable for licensure renewal.

Process:

1. Complete the application
2. Provide payment of application fees - Check (made payable to Alabama Chapter, APTA), Credit Card (Visa, Master Card, American Express).
3. Send to: ALAPTA
PO Box 327
Alexandria, VA 22313
Alabama@apta.org - **PREFERRED**

Frequently Asked Questions:

“Home Study” is defined as: a course completed by an individual whose content is contained in written, computerized, or videotaped media. Home study courses do not have a live facilitator or presenter, but may have a facilitator/presenter on video/CD. Completion of the course is self-directed. The timeframe for completing the course is determined by the licensee.

What is meant by “a procedure used to assess a licensee’s participation and attainment of the program objectives”? The course must have a means through which it is determined that a licensee has attained the knowledge set forth in the materials. Examples may include:

- A post test graded by the provider of the home study course
- Case study material reviewed by the provider of the home study course
- On-site skills observation by the provider of the home study course **The Alabama Administrative code requires that continuing education be at least 2 contact hours to be considered.**

2010 APPLICATION FOR SPONSORSHIP OF HOME STUDY CONTINUING EDUCATION Alabama Physical Therapy Association PO Box 327 Alexandria, VA 22313 800/999-2782, ext. 3284 Fax: 703/706-8575 Alabama@apta.org www.ptalabama.org	FOR OFFICE USE ONLY Application #: Received: Approval/Denial Date: Contact Hours Approved: Reviewer: Expiration date: (24 months from date of approval) Fee received:
<p>PLEASE TYPE INFORMATION OR PRINT LEGIBLY : Applications submitted by individual licensees for attendance at a program that has not been pre-approved must be received within thirty one (31) days after the date the course was completed (i.e. date on certificate) OR within thirty one (31) days after the expiration of the same licensure period in which the course was completed. Please allow 6 wks for sponsorship decision to be returned.</p> <p><input type="checkbox"/> Requesting approval for a NEW course <input type="checkbox"/> Requesting approval of a course be RENEWED</p>	
1. Course Name:	2. Type of Course : <input type="checkbox"/> Home study: (<i>circle</i>) Book/Audio/Video/CD/Internet <input type="checkbox"/> Teleconference: (<i>circle</i>) Satellite-Live/Real Time <input type="checkbox"/> Other - Please describe _____
3. Name of Course Provider:	
4. Provider's Contact (or Licensee): E-mail:	5. Provider's Phone #: FAX # :
6. Provider's Mailing Address: Website:	7. Licensee's Address (if applicable):
8. Type of Sponsor/Provider: <input type="checkbox"/> Physician <input type="checkbox"/> Private PT Practitioner <input type="checkbox"/> Rehab Company <input type="checkbox"/> Nursing Home <input type="checkbox"/> Professional CE Provider <input type="checkbox"/> Hospital <input type="checkbox"/> Educational Institution <input type="checkbox"/> Other _____	
<p>9. Fee must be received with application in the form of a check (made payable to Alabama Chapter, APTA) or credit card (Visa, MasterCard, or American Express)</p> <p>Credit Card #: _____ Expiration Date: _____</p> <p>Name on Card: _____</p> <p><input type="checkbox"/> \$ 100.00 (2-3 contact hours) <input type="checkbox"/> \$ 125.00 (4-7 contact hours) <input type="checkbox"/> \$ 175.00 (8 - 12 contact hours) <input type="checkbox"/> \$ 250.00 (13 or more contact hours)</p> <p>*Note: 700-X-2-.09 -(3)(b)2.(v) states continuing education must be at least 2 contact hours or more **If course is not approved, the fee less \$50 is refundable. A 10% Discount is applied if 6 or more courses are submitted concurrently.</p>	

10. Is this course available and/or open to the public? ☐ Yes

Courses must be open to the public to qualify under Rule 700-X-2-.09 Renewal Of License.

11. Please attach a program outline that fully describes the course and time devoted to each topic, including program objectives.

Please estimate your **Contact Hours Requested**. One contact hour = 50 minutes 0.5 contact hour = 25 minutes **(Do not include breaks, scheduled meal times, or time to complete course evaluations.)**

TOTAL CONTINUING EDUCATION UNITS FOR WHICH YOU ARE APPLYING

12. Describe relevance of program content to the profession or practice of Physical Therapy. Attach separate sheets as necessary.

13. Describe the procedure used to assess a licensee's participation and attainment of the program objectives.

14. Provide documentation (for example, pilot trials) to support the process used to determine the number of continuing education units for which you are applying.

15. If nature of activity is a book, please provide the book to the reviewers. If nature of activity is audio, please provide the audiotape to the reviewers. If nature of activity is the Internet, please provide a link or a PDF file of materials to the reviewers. If nature of activity is a video, please provide the video to the reviewers.

16. Has this course been approved by any other organization? ☐ Yes ☐ No
If Yes, attach copies or approval Letters (no more than 5 please):

ALAPTA sponsorship is good for 24 months following the date of approval

The information provided in this application is true and complete to my knowledge.

Name of Person Submitting Application: _____ **(Please PRINT)**

Signature of Applicant:
Date: